

This document is to be completed by a purchaser when claiming exemption from sales/use/excise tax. Certificates are valid for up to three years.

Purchaser legal name: TimePayment Corp

Seller legal name: \_\_\_\_\_

Doing business as: \_\_\_\_\_

Doing business as: \_\_\_\_\_

Address: 200 Summit Dr Suite 100

Address: \_\_\_\_\_

City: Burlington State: MA ZIP: 01803

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

General nature of business: Equipment Leasing

Phone number: (877) 868-3800

**Purchaser is doing business as:**

Retailer

Sales/Use/Excise Tax Permit Number (if required): 20014944

Retailer car dealer

Enter your DOT number: \_\_\_\_\_

Governmental agency (including public schools)

Wholesaler

Farmer

Lessor

Manufacturer

Nonprofit hospital

Private nonprofit educational institution

Qualifying residential care facility

Nonprofit museum

Commercial enterprise

Other

**Purchaser is claiming exemption for the following reason:**

Resale  Leasing  Processing

Qualifying farm machinery/equipment

Qualifying farm replacement parts

Qualifying manufacturing machinery/equipment

Research and development equipment

Pollution control equipment

Recycling equipment

Qualifying computer

Qualifying replacement parts/supplies (Manufacturing, Research & Development, pollution control, recycling, computer)

Qualifying computer software, specified digital products and digital services

Other  \_\_\_\_\_

Direct Pay - Permit number required:

Permit: \_\_\_\_\_

Description of purchase (Include additional information if necessary):

\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this certificate, and, to the best of my knowledge and belief, it is true, correct, and complete.

Signature of purchaser: 

Title: Tax Associate Date: 01/10/2023

**Seller:** Keep this certificate in your files.  
**Purchaser:** Keep a copy of this certificate for your records.  
**Do not send to the Iowa Department of Revenue.**